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Date: January 16, 2004

TO:

Name	Group Art Unit	Company	Facsimile No.
Examiner N. Nashed	1645	U.S. Patent and Trademark Office	703-746-5285

FROM: Deborah L. Cadena **Phone:** 858-535-9001
R gistration No.: 44,048
Sent By: Carrie Hines
Client/Matter/Tkpr: 66692-033 (P-TB 4927) **Originals Follow by Mail:** NO
Number of Pages, Including Cover: 39

Re: United States Serial No.: 09/930,600

Filed: August 15, 2001

Inventors: Sem et al.

Entitled: NMR-SOLVE METHOD FOR RAPID IDENTIFICATION OF BI-LIGAND
 DRUG CANDIDATES

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AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66692-033 (P-TB 4927)	
SERIAL NO: 09/930,600	FILING DATE: August 15, 2001	EXAMINER: N. Nashed	GROUP ART UNIT: 1645 CONFIRMATION NO.: 2240
INVENTION: NMR-SOLVE METHOD FOR RAPID IDENTIFICATION OF BI-LIGAND DRUG CANDIDATES			

TO: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

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Name (printed)



Signature

Transmitted herewith is a Preliminary Amendment in the above-identified application.

- Small Entity status of this application has been established under 37 CFR 1.27.
- Copies of the two references requested by the Examiner.
- Petition for Extension of Time is enclosed (in duplicate).
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- No additional claims fee is required.
- An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND-MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED	RATE		FEE	
				SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	160	-	160	-	0	x \$9	\$18
INDEPENDENT CLAIMS	.4	-	11	-	0	x \$42	\$84
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			YES	XX	NO	\$140	\$280
						TOTAL ADDITIONAL FEE	\$0.00
							\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

Inventors: Sem et al.

Serial No.: 09/930,600

Filed: August 15, 2001

Page 2

- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.
- Please charge my Deposit Account No. 502624 the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



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